

# **Idaho Department of Health and Welfare**

## **Vendor Specifications Health Care Claim Payment/Advice ASC X12N 835 Version 4010X091**

Revised  
**October 3, 2007**



## Overview

The Department of Health and Welfare (DHW) has adopted the American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12.86 Health Care Claim Payment/Advice (ANSI 835) as the standard format for the electronic data interchange (EDI) of Medicaid claim payment data for Medicaid services.

# ***A. Purpose of this Implementation Guide***

This implementation guide is intended to provide assistance in the development and execution of the electronic transfer of claim payment data. All specifications in this document conform to ANSI ASC X12.86 standards, adopted for use by Medicaid. These specifications are designed to be compatible with currently existing communications networks.

# ***B. Scope and Applicability***

The purpose of these standards is to expedite DHW's goal of achieving a totally paperless claims processing and payment environment. The ANSI X12 standards are formulated to minimize the need for users to reprogram their data processing systems for multiple formats by allowing data interchange through the use of a common interchange structure. These standards do not define the method in which interchange partners should establish the required electronic media communication link, nor the hardware and translation software requirements to exchange EDI data. Each intermediary must provide these specific requirements separately. This document addresses the specific requirements for Idaho Medicaid.

# **Background**

The following section provides a background of information on Electronic Data Interchange (EDI), American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12, HCFA's use of X12 standards and Implementation Guide Changes.

# ***A. Electronic Data Interchange (EDI)***

EDI is the exchange of information on routine business transactions in a standardized computer format; for example, data interchange between a Medicaid Intermediary and a provider. EDI originated when a number of industries desired to save costs and reduce waste through the electronic transmission of business information. They were convinced that in this computerized world, standardization of formatted information was the most effective means of communicating with multiple trading partners.

EDI offers several advantages. In addition to standardized formats that can be used with multiple trading partners, technology now allows anyone with a computer and a modem to participate in EDI. With EDI, there is a substantial reduction in handling and processing time, and the risk of lost paper documents is eliminated.

As with any new technology, there are costs associated with EDI. These costs are likely to be similar to those incurred in any decision to automate. However, new issues that may have to be evaluated for the first time with EDI are translation software and the cost of connectivity to a Value Added Network (VAN).

## ***B. ANSI and ASC X12***

ANSI coordinates voluntary standards in the United States. Many standard developers and participants support ANSI as the central body responsible for the identification of a single consistent set of voluntary standards called American National Standards.

ANSI provides an open forum for all concerned interests to identify specific business needs, plan to meet those needs, and agree on standards. ANSI itself does not develop standards. ANSI approval of standards indicates that the principles of openness and due process have been followed in the approval procedures and that a consensus of those materially affected by the standards has been achieved.

In 1979, ANSI chartered a new committee, known as ASC X12, to develop uniform standards for electronic interchange of business transactions. The work of ASC X12 is conducted primarily by a series of subcommittees and task groups whose major function is the development of new, and the maintenance of existing, EDI standards.

Currently, ASC X12 has more than 600 voluntary members. Membership is open to virtually all organizations and individuals with a material interest in the standards. Benefits include an opportunity to vote on every issue before the X12 committee and frequent information updates on committee activities and standards. The insurance subcommittee of ASC X12 includes representatives from health care payors, providers, provider associations, banks, software vendors and government agencies (Medicare, Medicaid, etc.).

## ***C. Use of X12 Standards***

In the future, X12 standards are anticipated to be the national norm for electronic transmission of health care data. With DHW's commitment to achieve a paperless environment and administrative savings through the use of electronic claim processing options, DHW has migrated to the use of national standards.

## ***D. Implementation Guide Changes***

As an aid to the initial implementation, this manual provides the transaction table, definition of the 835 data elements, specifications and data dictionaries.

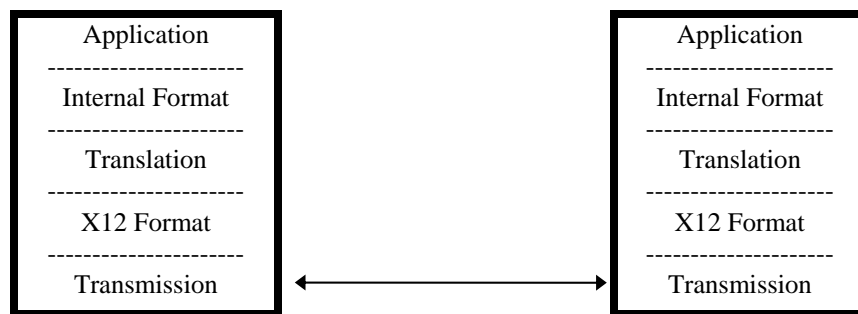
The implementation is specific to the Medicaid program, and has been developed within the standard for the ANSI ASC X12.86 transaction, Version 003050. All future changes to this implementation guide will remain within the requirements of X12.86. The EDI team will be responsible for updating all implementation guides once new versions are released. ASC X12 subcommittees and task groups continue to develop and maintain EDI standards. To meet legislative and regulatory requirements, HCFA will participate with X12 to revise the standards. Scheduled maintenance is planned to occur annually.

# Important EDI Concepts

The insurance subcommittee health care task group (X12N-TG2) has developed, under the guidelines of ANSI ASC X12, several standards for the interchange of health care information between providers, payors and trading partners. EDI standards facilitate the exchange of information between different computers by providing a standard communication mechanism applicable to any computer system, and by conveying the information required for the processing of claims, payments, enrollments, eligibility, and other common business functions in health care.

EDI standards have been designed for efficiency in the electronic data interchange. They have not been designed as a standard way to solve the business needs of processing the data for adjudication or account balancing. Such functions are intrinsic to the trading partners that exchange the information, and therefore beyond the scope of the standards.

When a computer application communicates data to a different computer, the data must first be generated in an internal format, and then sent to the receiving computer in a standard format that both computers will understand. Finally, the receiving computer must convert the received data into an internal format for application processing. Using common layer diagrams, this process will be represented as:



Before the advent of industry standards, the common format is unique to each pair of computer applications. With the introduction of X12 standards, the same format can be used between multiple trading partners. Further, the process of “translating” internal data format to and from the X12 EDI format can be done by general purpose “translation software”. The X12 EDI formatted data can be invisible to the applications, but visible to the translation software. The applications will only see their internal data format.

The translator software can be written in-house or purchased commercially. Most commercial translators are table-driven and can be used to convert to and from numerous types of data or “transactions” with multiple business applications. Once a translator is installed, the same software can translate data between X12 formats and selected internal flat file formats, in either direction; for instance, to translate outgoing health insurance claims as well as incoming remittance advices (RAs).

With the recent explosion of EDI applications, the vendors of translation software have produced a wide variety of offerings, ranging from inexpensive PC-based packages to sophisticated mainframe-based translators that handle mailboxing, queues, and multiple versions of the standards simultaneously. Another important point is the degree to which the translator can be changed and updated with ease and flexibility whenever there is a new release of the standard.

One alternative to translators is to allow a VAN or clearinghouse do the translation. This option is generally more cost effective for smaller volume sites, or in cases where the initial investment in the required translation software may not be advisable.

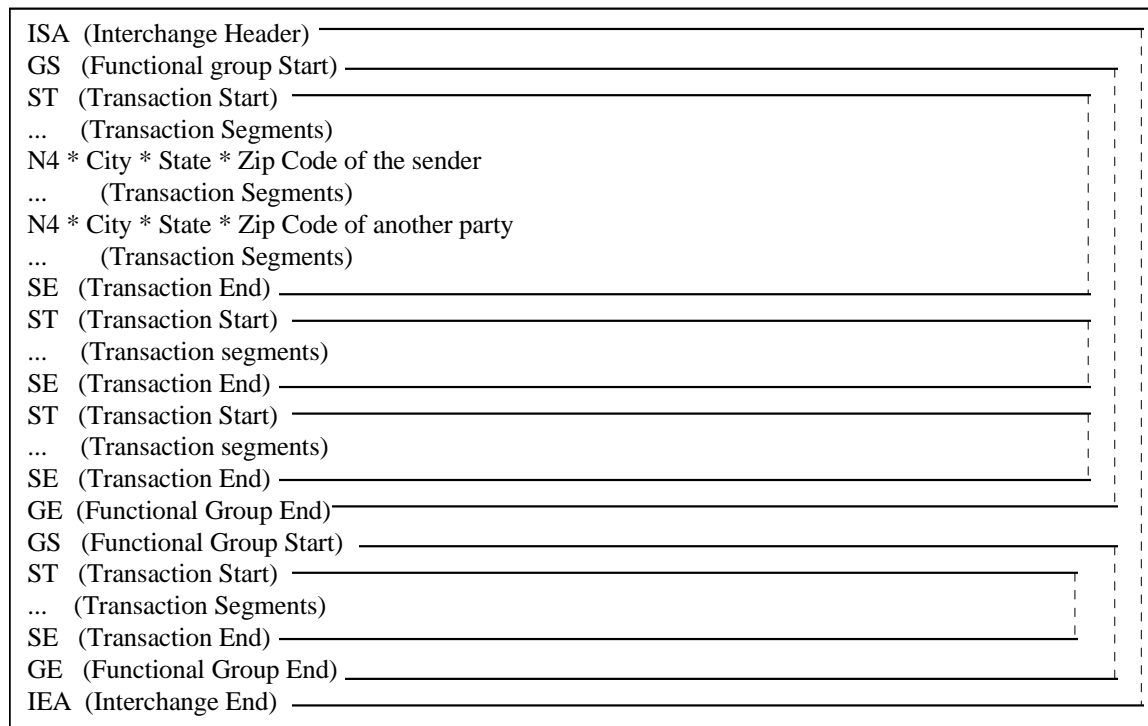
## A. Interchange Overview

The transmission of data proceeds according to very strict format rules in order to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a “transaction”. For instance, a group of health insurance claims sent from one provider to the Fiscal Agent or an RA returned by that Fiscal Agent can each be considered a transaction.

Each transaction contains groups of logically related data in units called “segments”. For instance, the “N4” segment used in the transaction conveys the city, state, zip code, and other geographic information. A transaction contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. Using an analogy, the transaction will be like a freight train, the segments will be the train’s cars, and each segment may contain several data “elements” the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12N standard, as well as the sequence of segments in the transaction. In a more conventional computing environment, the segments are equivalent to “records”, and the elements are equivalent to “fields”.

Similar transactions, called “functional groups”, are sent together within a transmission. Each functional group is prefaced by a “group start” segment, and a functional group is terminated by a “group end” segment. One or more functional groups are prefaced by an “interchange header”, and followed by an “interchange trailer”. This is illustrated below:



The interchange header and trailer segments envelope one or more functional groups or interchange-related control segments and perform the following functions:

- Define the data element separators and the data segment terminators
- Identify the sender and receiver
- Provide control information for the interchange
- Allow for authorization and security information

## ***B. Interchange Control Structure Definitions and Concepts***

A data element corresponds to a data field in data processing terminology. It is the smallest named item in the X12 standard. A control segment has the same structure as a data segment; the distinction is in the usage. The data segment is used primarily to convey user information while the control segment is used primarily to convey control information and for grouping data segments. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data segments. Other definitions, such as data element types, may be found in ANSI ASC X12.6 Application Control Structure.

## **Implementation Considerations**

This section covers implementation considerations, including the character sets used in the interchange of the transaction sets, with particular emphasis on the delimiters. The basic and extended character sets are defined in X12.6; reference should be made to that standard for a definition of those character sets. Portions of those definitions are repeated here as required for understanding during the implementation.

### **1 Basic Character Set**

The selection that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Since the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard includes those selected from the uppercase letters, digits, space, and special characters as specified below.

A...Z	0...9	“!”	“”	“&”	“,”	“(“	)”	“*”	“+”
“,”	“-”	“.”	“/”	“:”	“;”	“?”	“=“	“ “	(Space)

### **2 Extended Character Set**

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified below.

a...z	“%”	“^”	“@”	[“	]”	“_”	{“	”}
“\”	“ ”	“<”	“>”	“#”	“\$”			

It should be noted that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

## 3 Control Characters

Two control character groups are specified; they have only restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In the following table IA5 represents CCITT V.3 International Alphabet 5.

### 3.1 Base Control Set

The base control set includes control sets that will not have a disruptive effect on most communication protocols. These are represented by:

Notation	EBCDIC	ASCII	IA5
BEL bell	2F	07	07
HT horizontal tab	05	09	09
LF line feed	25	0A	0A
VT vertical tab	0B	0B	0B
FF form feed	0C	0C	0C
CR carriage return	0D	0D	0D
FS file separator	1C	1C	1C
GS group separator	1D	1D	1D
RS record separator	1E	1E	1E

The Group Separator (GS) may be an exception in this set, since it is used in the 3780 communications protocol to indicate blank space compression.

## 3.2 Extended Control Set

The extended control set includes control sets that may have an effect on a transmission system. These are represented by:

Notation	EBCDIC	ASCII	IA5
SOH start of header	01	01	01
STX start of text	02	02	02
ETX end of text	03	03	03
EOT end of transmission	37	04	04
ENQ inquiry	2D	05	05
ACK acknowledge	2E	06	06
DC1 device control 1	11	11	11
DC2 device control 2	12	12	12
DC3 device control 3	13	13	13
DC4 device control 4	3C	14	14
NAK negative acknowledge	3D	15	15
SYN synchronous idle	32	16	16
ETB end of block	26	17	17

## 4 Delimiters

A delimiter is a character used to separate two data elements (or sub-elements) or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header and are not to be used in a data element value elsewhere in the interchange. During the development of EDI, the historically preferred delimiters have been the asterisk (\*) as the data element separator and the new line character (Hex '0A') as the segment terminator. These two delimiters can be visualized on the printed page and display each segment on a separate line, adding human readability to the transaction set.

Due to potential conflicts with either the data elements or with the special needs of transmission and device control, the historically used delimiters have caused problems. The following recommendations are provided for the delimiter character selection. These recommendations are in decreasing order of preference as indicated below.

**Data Element Separator & Subelement Separator**

Preferred	Acceptable	Should not be used
>	control_char	uppercase_letter
	extended_control_char	digit
	* (asterisk)	lower_case_letter
	(vertical bar)	special_char
	> (greater than)	
	~ (tilde)	
	^ (circumflex)	

**Terminator**

Preferred	Acceptable	Should not be used
FS	control_char	uppercase_letter
~	extended_control_char	digit
	(vertical bar)	lower_case_letter
	~ (tilde)	special_char
	^ (circumflex)	

These recommendations are made for the following reasons. The carriage return (CR) and line feed (LF) are usually used as a special device control characters. The new line character does not have a clear mapping between character sets. The asterisk has potential for conflict within the data; however, it is used in our examples for readability. The uppercase\_letter, digit, and lower\_case\_letter have too high a chance of conflict with the data. Many of the special\_char may also appear in the data. The problem with many of the characters in control\_char and extend\_control\_char is that they have either special device control characteristics or are used for transmission control.

It is recommended that you select data element (and subelement) separators and a segment terminator that are not part of the business data, do not conflict with the communication protocol and are printable characters in order to make error resolution easier

## ***C. Business Transaction Structure Definitions and Concepts***

The X12 standards define commonly used business transactions in a formal, structured manner called transaction sets. A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of: a unique segment ID; one or more logically related simple data elements or composite data structures, or both, each preceded by a data element separator; and a segment terminator.

Composite data structures are composed of one or more logically related component data elements, each, except the last, followed by a component element separator. The data segment directory entry referenced by the data segment ID defines the sequence of simple data elements and composite data structures in the segment and any interdependencies that may exist. The composite data structure directory entry referenced by the composite data structure number defines the sequence of component data elements in the composite data structure.

A data element in the transaction set header identifies the type of transaction set. A functional group contains one or more related transaction sets preceded by a functional group header control segment and terminated by a functional group trailer control segment.

### **Delimiters**

The delimiters consist of two levels of separators and a terminator. The delimiters are an integral part of the transferred data stream. Delimiters are specified in the interchange header and are not to be used in a data element value elsewhere in the interchange with the exception of their possible appearance in the binary data element.

### ***Data Element***

The data element is the smallest named unit of information in the X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinarily positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context since a data element can be used in either capacity.

### ***Numeric***

A numeric is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

The data element dictionary defines the number of implied decimal positions. The representation for this data element type is "Nn" where "N" indicates that it is numeric and "n" indicates the number of decimal positions to the right of the implied decimal point.

If "n" is 0, it does not need to appear in the specification; "N" is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

FOR EXAMPLE: Value is "-123.4". Numeric type is N2 where the "2" indicates an implied decimal placement two positions from the right. The data stream value is "-12340". The length is 5 (note padded zero).

## ***Decimal Number***

A decimal data element contains an explicit decimal point and is used for numeric values that have a varying number of decimal positions. The representation for this data element type is "R".

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

## ***Identifier***

An identifier data element always contains a value from a predefined list of values that is maintained by the X12 Committee or some other group recognized by the X12 Committee. Trailing spaces should be suppressed unless necessary to satisfy minimum length. The representation for this data element type is "ID".

## ***String***

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified and shall be space filled. Leading spaces when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy minimum length. The representation for this data element type is "AN".

## ***Date***

A data element is used to express the ISO standard date in YYMMDD format in which YY is the year in the century (00 to 99), MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is "DT".

## ***Time***

A time data element is used to express the ISO standard time HHMMSSd.d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d.d is decimal seconds. The representation for this data element type is "TM".

## ***Data Element Reference Number***

Data elements are assigned a unique reference number to locate them in the data dictionary. For each data element, the dictionary specifies the name, description, type, minimum length, and maximum length. For ID data elements, the dictionary lists all code values and their descriptions or references where the valid code list can be obtained.

## ***Data Element Type***

The following types of data elements appear in the dictionary.

Type	Symbol
Numeric	Nn
Decimal	R
Identifier	ID
String	AN
Date	DT

Time	TM
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## ***Data Element Length***

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

## **Data Segment**

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator, and a segment terminator. Data segments are defined beginning on page 1. This section defines each segment including the segment's name, purpose, and identifier, and the composite data structures and/or data elements that it contains.

### ***Data Segment Identifier***

Each data segment has a unique two - or three-position identifier. This identifier serves as a label for the data segment.

### ***Data Elements in a Segment***

In defining a segment, each simple data element or composite data structure within the data segment is further characterized by a reference designator and a data element reference number or composite data structure reference identifier. Simple data elements and composite data elements may have additional attributes, including a condition designator and a semantic note designator.

## **Reference Designator**

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment. For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member. This suffix is a two-digit number, prefixed with a hyphen, that defines the position of the component data element in the composite data structure. For example, the first simple element of the SVC segment is identified as SVC01 because the position count does not include the segment identifier, which is a label. If the second position in the SVC segment were occupied by a composite data structure that contained three component data elements, the reference designator for the second component data element will be SVC02-02.

## **Condition Designator**

Data element conditions are comprised of three types: mandatory, optional, and relational; and define the circumstances under which a data element may be required to be present or not present in a particular segment.

## ***Mandatory Condition***

The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. Mandatory conditions are specified by condition code “M”.

### Condition

### Requirement

(M) Mandatory

The designated simple data element or composite data structure must be present in the segment (presence means a data element or composite structure must not be empty). If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.

## ***Optional Condition***

The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. Optional conditions are specified by condition code “O”.

### Condition

### Requirement

(O) Optional

The presence of a value for a simple data element or the presence of a value for any of the component data elements of a composite data structure is the sender's option.

## ***Relational Conditions***

Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code and the identity of the subject elements. A data element may be subject to more than one relational condition.

The definitions for each of the <condition\_code> values are:

### Condition

### Requirement

(P) Paired or Multiple

If any element specified in the relational condition is present, then all of the elements specified must be present.

(R) Required

At least one of the elements specified in the condition must be present.

(E) Exclusion

Not more than one of the elements specified in the condition may be present.

(C) Conditional

If the first element specified in the condition is present, then all of the elements must be present. However, any or all of the elements specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

(L) List Conditional

If the first element is specified in the condition, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

## **Semantic Note Designator**

Simple data elements or composite data structures may have a designation that indicates the existence of a semantic note. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data

segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values ) in one of the data elements. Semantic notes are considered part of the relevant transaction set standard. A Semantic note (Z) is referenced in the segment directory for this data element with respect to its use in this data segment.

## Absence of Data

Any simple data element that is indicated as mandatory **must not** be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

## Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set headers segment, one or more data segments in a specified order, and a transaction set trailer segment.

### ***Transaction Set Header and Trailer***

The transaction set header and trailer segments are constructed as follows:

- Transaction Set Header (ST)
- Data Segment Group
- Transaction Set Trailer (SE)

The transaction set identifier, uniquely identifies the transaction set. This identifier is the first data element of the transaction set header segment. The value for the transaction set control number, in the header and trailer control segments must be identical for any given transaction. The value for the number of included segments, is the total number of segments in the transaction set including the ST and SE segments.

## Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

### ***Repeated Occurrences of Single Data Segments***

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat an unlimited number of times. The notation for an unlimited number of repetitions is ">1".

### ***Loops of Data Segments***

Loops are groups of semantically-related segments. Data segment loops may be unbounded or bounded.

#### **Unbounded Loops**

In order to establish the iteration of a loop, the first data segment in the loop shall appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1".

There is a specified sequence of segments in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop.

If unbounded loops are nested within loops, the inner loop shall not start at the same ordinal position as any outer loop. The inner loop shall not start with the same segment as its immediate outer loop. For any segment that occurs in a loop and in the parent structure of that loop, that segment must occur prior to that loop in the parent structure or subsequent to an intervening mandatory segment in the parent structure (parent structure is composed of all segments at the same level of nesting as the beginning segment of the loop).

### **Bounded Loops**

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a loop start (LS) segment to appear before the first occurrence and a loop end (LE) segment to appear after the last occurrence of the loop. If the loop does not occur, the LS and LE segments shall be suppressed. The requirement designator on the LS and LE segments must match the requirement designator of the beginning segment of the loop.

A bounded loop may contain only one loop structure at the level bracketed by the LS and LE segments. Subordinate loops are permissible. If bounded loops are nested within loops, the inner loop shall not start at the same ordinal position as any outer loop. The inner loop must end before or on the same segment as its immediate outer loop.

## **Data Segments in a Transaction Set**

When data segments are combined to form a transaction set, three characteristics are to be applied to a data segment in that usage: a requirement designator, a position in the transaction set, and a maximum occurrence.

### ***Data Segment Requirement Designators***

A data segment shall have one of the following requirement designators indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

<u>Designator</u>	<u>Requirement</u>
(M) Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the segment of the loop is designated as optional.)
(O) Optional	The presence of this data segment is the sender's option.

### ***Data Segment Position***

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional and floating requirement designators of the segments, this positioning must be maintained.

### ***Data Segment Occurrence***

A data segment may have a maximum occurrence of one, or a finite number greater than one, or an unlimited number.

# ***Functional Group***

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number, in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets, is the total number of transaction sets in the group.

## **Control Segment**

A control segment has the same structure as a data segment but is used for transferring control information rather than application information.

## **Loop Control Segments**

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop.

## **Transaction Set Control Segments**

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer defines the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

## **Functional Group Control Segments**

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

## **Relations Among Control Segments**

The control segments of this standard has a nested relationship as shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

- GS** Functional Group Header, starts a group of related transaction sets.
- ST** Transaction Set Header, starts a transaction set.
  - LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.
    - LS** Loop Header, starts an inner, nested, bounded loop.
    - LE** Loop Trailer, ends an inner, nested, bounded loop.

**LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.

**SE** Transaction Set Trailer, ends a transaction set.

**GE** Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group.  
Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

# Introduction to 835

This section provides information for the actual use of the 835 for providers to receive Medicaid Health Care Claim Status Notification information from the Department of Health and Welfare electronically.

This implementation is based on the X12 Standards Draft Version 3 Release 5, published in December 1994. A copy of the standards document is available through:

Data Interchange Standards Association, Inc.  
1800 Diagonal Road, Suite 355  
Alexandria, Virginia, 22314-2852  
(703) 548-7005

## *Medicaid General Information*

The Medicaid specifications for the 835 implementation guide stipulate the exact contents required to receive Medicaid electronic remittance advices.

## Segment Sequence Numbers

The 835 Standard contains numeric references for the positions of various segments within the transaction. This document also uses numeric position identifiers, however, these may not exactly match those found in the ASC X12 835 transaction documentation. This section will specify multiple uses of a particular segment exactly. Each iteration of the segment will be shown with its own numeric reference.

## Medicaid 835 Data Types

The 835 transaction uses multiple data types. These data types are referenced in the specifications for each claim type, and are defined as follows:

AN	Alpha-numeric (string) - Any printable character, with the exception of the data element and segment separators. Significant characters must be left justified. Trailing spaces must be suppressed, unless required to meet minimum length specification.
ID	Identifier - An identifier data type must contain a value from a list maintained by ASC X12 or another specified external group.
DT	Date - The format for the date data type is YYMMDD.
Nn	Numeric - The numeric data type is symbolized by an "N" followed by a single numeric character. The numeric character, symbolized by the "n" identifies the number of positions to the right of the implied decimal point. The number is identified to be positive, unless an explicit leading minus sign is used to indicate a negative number. The minimum and maximum lengths of the numeric character are calculated without counting the minus sign.
R	Decimal - This data type is used to represent numeric data where the decimal point is not present. Integer values are sent without a decimal point. The decimal point is required for fractional values. The number is identified to be positive, unless accompanied by a leading minus sign. The minus sign and decimal point are not counted when determining the length of the number. Leading zeroes or plus signs are suppressed.

TM Time - The time data type is expressed in 24-hour clock format, HHMMSSd..d. “d..d” represents the numeric expression of decimal seconds.

## Data Element and Segment Separators

The ASC X12 standards allow for the usage of various characters as delimiters. The actual delimiters used in any specific interchange are determined in the envelope, specifically within the ISA segment. The ISA segment consists of all mandatory data elements, with fixed data length, i.e. the minimum and maximum are identical. The data element separator and segment terminator used in the ISA determines the characters used throughout the entire data interchange defined by that ISA and its corresponding trailer segment, the IEA.

In the balance of the implementation guide, the (\*) is shown as the data element separator and the (Hex ‘0A’) is shown as the segment terminator. This has been done for simplicity, and should not be construed as the preferred approach.

## Functional Acknowledgments

The Medicaid implementation of the 835 will utilize the X12 997 Functional Acknowledgment capability.

# 835 Philosophy

DHW realizes that all participants in the health care community will benefit from the administrative cost savings that can be achieved from the adoption of national, non-proprietary EDI formats. As part of DHW’s efforts to evolve Medicaid into a paperless environment DHW has committed to using national standards formats for all of its proprietary forms.

Currently, there are approximately 400 formats for electronic claims being used in the United States. Reducing that number to one ANSI structure will greatly decrease the burden on health care providers and their billing services.

## ANSI ASC X12 Formats

ANSI ASC X12 formats are non-proprietary in application. DHW has recognized the benefits that can be derived from the adoption of a national non-proprietary EDI format for health care transactions. The adoption of the 835 format allows for communicating business transactions with a large number of trading partners. It also allows for providers to operate more efficiently.

Standardization of content improves communication for all trading partners. Greater uniformity can significantly reduce administrative complexities.

The ANSI ASC X12 architecture is very flexible. New data segments and codes may be added with minimal technical difficulty. The variable-length record also accommodates changes easier than fixed-length records.

The 835 is a variable-length record designed for wire transmission and is not suitable for use in an application program. Each sender and receiver must agree on the blocking factor and/or other pertinent telecommunication protocols.

# Idaho Specific Requirements

## *Explanation of Benefits (EOB) Codes*

The X12 835 Remittance Advice normally uses a standard set of reason codes. However, the standard codes do not meet the needs of the Idaho Medicaid program. EOB codes specific to Idaho's Medicaid program will be used.

## *Provider Address Processing*

Regardless of how many service locations a provider has there will be only one "pay to" location for a provider. This means that only one address will be sent by the Idaho AIM system for a provider.

## *Note on Funds Transfer Data*

Information required to complete an automated Electronic Funds Transfer (EFT) has been omitted from this X12 835 layout because by state law all state funds must come through the Idaho state Auditor's office.

## *Conditional Mappings*

- If the Provider addresses (Street, P.O. & Suite) are spaces, the N3 segment for them will not be mapped.
- If the Provider (City, State, & Zip Code) are spaces, the N4 segment for them will not be mapped.
- The full names of clients are not available from the Idaho AIM system. Only the first five characters of the last name and the first three characters of the first name will be available.

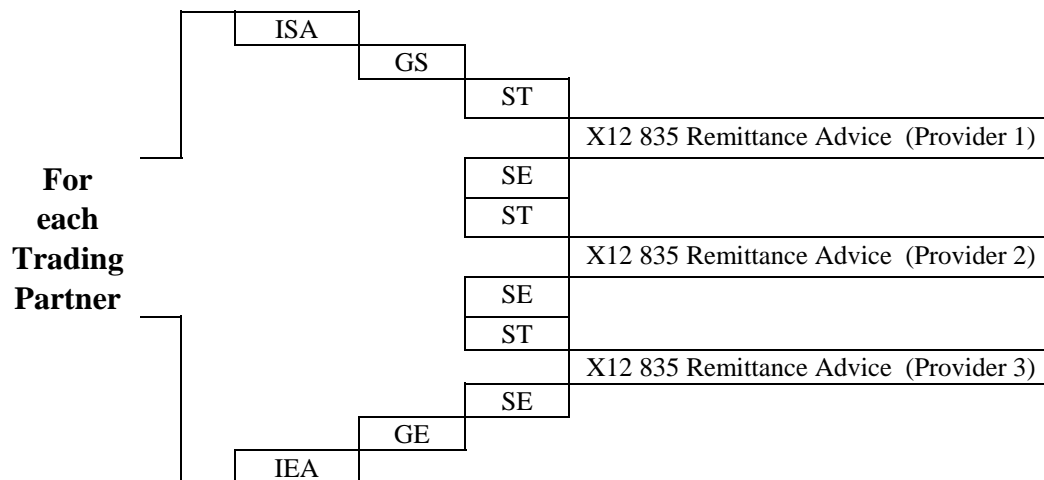
## *Miscellaneous Mapping Issues*

The CLP01 data element of the Claim Payment (CLP) segment requires a provider generated claim identifier number to act as a key for the provider's database. The only provider generated number available from the AIM system is the Patient Account Number. There is not any guarantee that this number will always be available. If the Patient Account Number is not available on the AIM system, the value "NA" will be sent in the CLP01 data element. Even though the payer's internal control number (ICN &

Version Number of Claim) is not mandatory according to the X12 standards, the internal control number must be present in case the CLP01 data element contains “NA”.

- The Recipient Name NM1 segment is mandatory. If the recipient name is not available from the AIM system, a value of “NA” will be sent in the NM103 data element.
- If the date on a claim line item is not available on denied claims, the date value will be defaulted to “NA”. The date data elements are required since the DTM segment in the SVC loop is required.
- The PLB02 field normally reflects the last day of the provider’s fiscal year. As this information is not carried in the AIM system this field will contain the last day of the current year.

## Transaction Segment Structure



There must be one ISA/IEA and one GS/GE combination for every trading partner.

## Required Segments

The following segments are the ones which may be formatted in the transaction. The 'Req' column indicates if the segment is mandatory or optional. Optional segments will be formatted depending on the data contained in the transaction. Only the segments listed below will be included in the X12 Segment Layout which begins later in this document.

TRANSACTION HEADER			Req	Seg #	Loop #
<b>ISA</b>	Interchange Control Header		M	1	
<b>GS</b>	Functional Group Header		M	1	
<b>HEADER</b>					
<b>ST</b>	Transaction Set Header		M	1	
<b>BPR</b>	Financial Information		M	1	
<b>TRN</b>	Reassociation Trace Number		M	1	
<b>DTM</b>	Production Date		O	>1	
<b>N1</b>	Payer Identification		M	1	1000A
<b>N3</b>	Payer Address		M	1	1000A
<b>N4</b>	Payer City, State, ZIP Code		M	1	1000A
<b>PER</b>	Payer Contact Information		O	1	1000A
<b>N1</b>	Payee Identification		M	1	1000B
<b>N3</b>	Payee Address		O	1	1000B
<b>N4</b>	Payee City, State, ZIP Code		O	1	1000B
<b>REF</b>	Payee Additional Information		O	>1	1000B
<b>DETAIL</b>					>1
<b>LX</b>	Header Number		O	1	2000
<b>CLAIM PAYMENT INFORMATION</b>					>1
<b>CLP</b>	Claim Payment Information		M	1	2100
<b>CAS</b>	Claim Adjustment		O	99	2100
<b>NM1</b>	Patient Name		M	1	2100
<b>NM1</b>	Service Provider Name		O	1	2100
<b>NM1</b>	Corrected Priority Payer Name		O	2	2100
<b>REF</b>	Other Claim Related Identification		O	5	2100
<b>REF</b>	Rendering Provider Identification		O	10	2100
<b>DTM</b>	Claim Date		O	4	2100
<b>Service Payment Information</b>					999
<b>SVC</b>	Service Payment Information		O	1	2110
<b>DTM</b>	Service Date		O	3	2110
<b>CAS</b>	Service Adjustment		O	99	2110
<b>REF</b>	Service Identification		O	7	2110
<b>REF</b>	Rendering Provider Information		O	10	2110
<b>AMT</b>	Service Supplemental Amount		O	12	2110
<b>SUMMARY</b>					
<b>PLB</b>	Provider Adjustment		O	>1	
<b>SE</b>	Transaction Set Trailer		M	1	
<b>TRANSACTION DETAIL</b>					
<b>GE</b>	Functional Group Trailer		M	1	
<b>IEA</b>	Interchange Control Trailer		M	1	

# 835 Health Care Claim Payment/Advice

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) for use within the context of an EDI environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

# X12 Segment Layout

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
TRANS- ACTION HEADER		ISA	Interchange Control Header		3	M	“ISA”
			Data Element Separator		1		“~”
		ISA01	Authorization Information Qualifier	ID	2	M	“00” - No meaningful Authorization Information Present
			Data Element Separator		1		“~”
		ISA02	Authorization Information	AN	10	M	NA
			Data Element Separator		1		“~”
		ISA03	Security Information Qualifier	ID	2	M	“00” - No meaningful Security Information Present
			Data Element Separator		1		“~”
		ISA04	Security Information	AN	10	M	NA
			Data Element Separator		1		“~”
		ISA05	Interchange ID Qualifier	ID	2	M	“ZZ” - Mutually Defined
			Data Element Separator		1		“~”
		ISA06	Interchange Sender ID	AN	15	M	Idaho ECMS ID
			Data Element Separator		1		“~”
		ISA07	Interchange ID Qualifier	ID	2	M	“ZZ” - Mutually Defined
			Data Element Separator		1		“~”
		ISA08	Interchange Receiver ID	AN	15	M	Idaho MMIS Submitter ID = Provider Sender Code
			Data Element Separator		1		“~”
		ISA09	Interchange Date	DT	6	M	Date (Format YYMMDD)
			Data Element Separator		1		“~”
		ISA10	Interchange Time	TM	4	M	Time (Format HHMM)
			Data Element Separator		1		“~”
		ISA11	Interchange Control ID	ID	1	M	“U” - U.S EDI Community of ASC X12
			Data Element Separator		1		“~”
		ISA12	Interchange Version Number	ID	5	M	“00401”
			Data Element Separator		1		“~”
		ISA13	Interchange Control Number	N0	9	M	Sender Assigned Control Number - Note: Sequential number assigned by the originator; ISA and IEA Control Numbers must be equivalent
			Data Element Separator		1		“~”
		ISA14	ACK. Requested	ID	1	M	“0” - No acknowledgment requested
			Data Element Separator		1		“~”
		ISA15	Test Indicator	ID	1	M	“P” - Production Data   “T” - Test Data
			Data Element Separator		1		“~”
		ISA16	Subelement Separator	AN	1	M	“>”
			Segment Terminator		1		Hex ‘0A’

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
TRANS- ACTION HEADER		GS	Functional Group Header		2	M	“GS” “*”
			Data Element Separator		1		
		GS01	Functional Identifier Code	ID	2	M	“HP” - Healthcare Claim Payment Advice (835) “*”
			Data Element Separator		1		
		GS02	Application Sender's Code	AN	2/15	M	Idaho MMIS Submitter ID = Bin # 610508 “*”
			Data Element Separator		1		
		GS03	Application Receiver's Code	AN	2/15	M	ID MMIS Issuer Identification Number = Provider Sender Code “*”
			Data Element Separator		1		
		GS04	Date	DT	6	M	Date (Format CCYYMMDD) “*”
			Data Element Separator		1		
		GS05	Time	TM	4	M	Time (Format HHMM) “*”
			Data Element Separator		1		
HEADER	010	GS06	Group Control Number	N0	1/9	M	Sender Assigned Control Number - <b>Note:</b> Sequential number assigned by the originator; GS and GE Control Numbers must be equivalent “*”
			Data Element Separator		1		
		GS07	Responsible Agency Code	ID	1/2	M	“X” - Accredited Standards Committee X12 “*”
			Data Element Separator		1		
		GS08	Version/Release/Industry Identifier Code	AN	1/12	M	“004010X091” Hex ‘0A’
			Segment Terminator		1		
		ST	Transaction Set Header		2	M	“ST” - Transaction Set Header “*”
			Data Element Separator		1		
		ST01	Transaction Set Identifier Code	ID	3	M	“835” - X12.85 Health Care Claim Payment Advice “*”
			Data Element Separator		1		
		ST02	Transaction Set Control Number	AN	4/9	M	Originator Assigned Control # - <b>Note:</b> Sequential number assigned by the originator; ST and SE Control Numbers must be equivalent
			Segment Terminator		1		Hex ‘0A’

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
HEADER	020	BPR	Beginning Segment for Payment order/RA		3	M	"BPR" – Financial Information
			Data Element Separator		1		"*"
		BPR01	Transaction Handling Code	ID	1	M	"I" - Remittance information only or "H" - Remittance with zero dollar amount
			Data Element Separator		1		"*"
		BPR02	Monetary Amount	R	1/18	M	Payment Amount
			Data Element Separator		1		"*"
		BPR03	Credit/Debit Flag Code	ID	1	M	"C" Credit (Payment to receiver's account)
			Data Element Separator		1		"*"
		BPR04	Payment Method Code	ID	3	M	"CHK" – Check "ACH" – EFT "NON" – If amount of check = \$0.00 "BOP" – Financial Institution Option
			Data Element Separator		1		"*"
		BPR05	(DFI) ID Number Qualifier	ID	2	O	"01" when BPR04 = "BOP"
		BPR06	Data Element Separator		1		"*"
		BPR07	(DFI) Identification Number	AN	3/12	O	"12400064" when BPR04 = "BOP"
			Data Element Separator		1		"*"
		BPR08	Account Number Qualifier	ID	1/3	O	"DA" (Demand Deposit) when BPR04 = "BOP"
			Data Element Separator		1		"*"
		BPR09	Account Number	AN	1/35	O	"513000010" when BPR04 = "BOP"
			Data Element Separator		1		"*"
		BPR10	Originating Company Identifier	AN	10	O	"1826000995" when BPR04 = "BOP"
			Data Element Separator		1		"*"
		BPR11	Data Element Separator		1		"*"
		BPR12	(DFI) ID Number Qualifier	ID	2	O	"01" (ABA Transit Routing Number Including Check Digits) when BRP04 = "BOP"
			Data Element Separator		1		"*"
		BPR13	(DFI) Identification Number	AN	3/12	O	EFT Bank Number
			Data Element Separator		1		"*"
		BPR14	Account Number Qualifier	ID	1/3	O	EFT Account Type
			Data Element Separator		1		"*"
		BPR15	Account Number	AN	1/35	O	EFT Bank Account Number
			Data Element Separator		1		"*"
		BPR16	Date	DT	8	M	EFT Check Issue Date (Format CCYYMMDD)
			Segment Terminator		1		Hex '0A'

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
HEADER	040	TRN	Reassociation Trace Number		3	M	"TRN" – Reassociation Trace Number "*****"
			Data Element Separator		1		
		TRN01	Trace Type Code	ID	1/2	M	"1" – Current Transaction Trace Number "*****"
			Data Element Separator		1		
		TRN02	Reference Identification	AN	1/30	M	EFT Trace Number "*****"
HEADER	070		Data Element Separator		1		
		TRN03	Originating Company Identifier	AN	10	M	"1826000995"
			Segment Terminator		1		Hex '0A'
		DTM	Production Date		3	O	"DTM" – Production Date "*****"
			Data Element Separator		1		
1000A	080	DTM01	Date/Time Qualifier	ID	3	M	"405" – Production "*****"
			Data Element Separator		1		
		DTM02	Date	DT	8	M	Production Date (Format CCYYMMDD) Hex '0A'
			Segment Terminator		1		
1000A	100	N1	Name		2	M	"N1" – Payer Identification "*****"
			Data Element Separator		1		
		N101	Entity Identifier Code	ID	2/3	M	"PR" - Payer "*****"
			Data Element Separator		1		
		N102	Name	AN	1/60	O	"Idaho Department of Health & Welfare, Division of Medicaid" "*****"
1000A	110		Data Element Separator		1		
		N103	Data Element Separator		1		
		N104	Identification Code	AN	2/80	O	"826000995" Hex '0A'
			Segment Terminator				
1000A	100	N3	Address Information		2	M	"N3" – Payer Address "*****"
			Data Element Separator		1		
		N301	Address Information	AN	1/55	M	"P.O. Box 83720" Hex '0A'
			Segment Terminator		1		
1000A	110	N4	Geographic Location		2	M	"N4" – Payer City, State, ZIP Code "*****"
			Data Element Separator		1		
		N401	City Name	AN	2/30	M	"Boise *****"
			Data Element Separator		1		
		N402	State or Province Code	ID	2	M	"ID" "*****"
1000A	110		Data Element Separator		1		
		N403	Postal Code	ID	3/15	M	"83720" Hex '0A'
			Segment Terminator		1		

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
1000A	130	PER	Administrative Communications Contact		3	O	“PER” – Payer Contact Information “*”
			Data Element Separator		1		
		PER01	Contact Function Code	ID	2	M	“CX” – Contact Function Code “*”
			Data Element Separator		1		
		PER02	Name	AN	1/60	O	“FISCAL Help Desk” “*”
			Data Element Separator		1		
		PER03	Communication Number Qualifier	ID	2	O	“TE” – Telephone “*”
1000B	080		Data Element Separator		1		
		PER04	Communication Number	AN	1/80	O	“2083344999” Hex ‘0A’
			Segment Terminator		1		
		N1	Name		2	M	“N1” – Payee Identification “*”
			Data Element Separator		1		
		N101	Entity Identifier Code	ID	2	M	“PE” - Payee “*”
			Data Element Separator		1		
1000B	100	N102	Name	AN	1/60	O	Provider Name “*”
			Data Element Separator		1		
		N103	Identification Code Qualifier	ID	1/2	M	“FI” – Federal Taxpayer’s Identification Number “XX” - Health Care Financing Administration National Provider ID “*”
			Data Element Separator		1		
		N104	Identification Code	AN	2/80	M	Identification Code (NPI or Tax ID) Hex ‘0A’
			Segment Terminator		1		
1000B	100	N3	Address Information		2	O	“N3” - Payee Address (see note below) “*”
			Data Element Separator		1		
		N301	Address Information	AN	1/55	M	Address Line -1 – (Street, PO) “*”
			Data Element Separator		1		
		N302	Address Information	AN	1/55	O	Address Line - 2 – (Suite) Hex ‘0A’
1000B	110		Segment Terminator		1		
		N4	Geographic Location		2	O	“N4” – Payee City, State, ZIP Code (see note below) “*”
			Data Element Separator		1		
		N401	City Name	AN	2/30	M	City “*”
			Data Element Separator		1		
		N402	State or Province Code	ID	2	M	State “*”
			Data Element Separator		1		
1000B	110	N403	Postal Code	ID	3/15	O	Zip Hex ‘0A’
			Segment Terminator		1		

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
1000B	120	REF (1)	Reference Identification	ID	3	O	"REF" – Reference Identification "*****"
		REF01 (1)	Reference Identification Qualifier		2/3	M	"TJ" – SSN FEIN Qualifier, If N103 = "XX", "1D" – Medicaid Provider Number, If N103 = "FI"
		REF02 (1)	Data Element Separator	AN	1	M	"*****"
			Reference Identification		1/30		SSN FEIN (Tax ID) if REF01 (1) = "TJ" Medicaid Provider Number if REF01 (1) = "1D"
			Segment Terminator		1		Hex '0A'
1000B	120	REF (2)	Reference Identification	ID	3	O	"REF" – Reference Identification (see note 2 below) "*****"
		REF01 (2)	Reference Identification Qualifier		2/3	M	"1D" – Medicaid Provider Number, If N103 = "XX"
		REF02 (2)	Data Element Separator	AN	1	M	"*****"
			Reference Identification		1/30		Medicaid Provider Number if REF01 (2) = "1D"
			Segment Terminator		1		Hex '0A'

**Note:** Regardless of the number of service locations per provider there is only one "pay to" location. If N301 and N302 are empty, the N3 segment will not be mapped. If N401, N402 and N403 are empty, the N4 segment will not be mapped.

**Note 2:** The second reference segment is only used when the payee has an NPI on file with the Idaho Department of Health and Welfare.

2000	003	LX	Assigned Number	NO	2	O	"LX" – Header Number "*****"
			Data Element Separator		1		
		LX01	Assigned Number		1/6	M	Sequential number
			Segment Terminator		1		Hex '0A'

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
2100	010	CLP	Claim Level Data		3	M	"CLP" – Claim Level Data
			Data Element Separator		1		""
		CLP01	Claim Submitter's Identifier	AN	1/38	M	Provider claim ID
			Data Element Separator		1		""
		CLP02	Claim Status Code	ID	½	M	"1" Paid primary "2" Paid secondary "3" Paid tertiary "4" Denied
			Data Element Separator		1		"22" Reversal
		CLP03	Monetary Amount	R	1/18	M	""
			Data Element Separator		1		
		CLP04	Monetary Amount	R	1/18	M	Billed Amount – billed amount for each claim
			Data Element Separator		1		""
		CLP05	Monetary Amount	R	1/18	O	Paid Amount – the dollar amount included in the payment for the claim
			Data Element Separator		1		""
		CLP06	Claim Filing Indicator Code	ID	1/30	M	CoPay Amount
			Data Element Separator		1		""
		CLP07	Reference Identification	AN	1/30	O	Reference Number (Internal Control Number (ICN) and version control number
			Data Element Separator		1		
		CLP08	Facility Code Value	AN	½	O	Claim Internal Control Number (ICN)
			Data Element Separator		1		
		CLP09	Claim Frequency Type Code	ID	1	O	Place of Service
			Segment Terminator		1		Claim Frequency Type Code Hex '0A'

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
2100	020	CAS	Claims Adjustment		3	O	"CAS" – Claim Adjustment ( <i>see note below</i> )
			Data Element Separator		1		“*”
		CAS01	Claim Adjustment Group Code	ID	½	M	“CO” – Contractual Obligations
							“CR” – Correction & Reversals
							“OA” – Other Adjustments
							“PI” – Payor Initiated Reductions
							“PR” – Patient Responsibility
			Data Element Separator		1		“*”
		CAS02	Claim Adjustment Reason Code	ID	1/5	M	First claim adjustment reason Code
			Data Element Separator		1		“*”
		CAS03	Monetary Amount	R	1/18	M	First claim adjustment amount
			Data Element Separator		1		“*”
		CAS04	Data Element Separator		1		“*”
		CAS05	Claim Adjustment Reason Code	ID	1/5	O	Second claim adjustment reason Code
			Data Element Separator		1		“*”
		CAS06	Monetary Amount	R	1/18	O	Second claim adjustment amount
			Data Element Separator		1		“*”
		CAS07	Data Element Separator		1		“*”
		CAS08	Claim Adjustment Reason Code	ID	1/5	O	Third claim adjustment reason Code
			Data Element Separator		1		“*”
		CAS09	Monetary Amount	R	1/18	O	Third claim adjustment amount
			Data Element Separator		1		“*”
		CAS10	Data Element Separator		1		“*”
		CAS11	Claim Adjustment Reason Code	ID	1/5	O	Fourth claim adjustment Code
			Data Element Separator		1		“*”
		CAS12	Monetary Amount	R	1/18	O	Fourth claim adjustment amount
			Data Element Separator		1		“*”
		CAS13	Data Element Separator		1		“*”
		CAS14	Claim Adjustment Reason Code	ID	1/5	O	Fifth claim adjustment Code
			Data Element Separator		1		“*”
		CAS15	Monetary Amount	R	1/18	O	Fifth claim adjustment amount
			Data Element Separator		1		“*”
		CAS16	Data Element Separator		1		“*”
		CAS17	Claim Adjustment Reason Code	ID	1/5	X	Sixth claim adjustment Code
			Data Element Separator		1		“*”
		CAS18	Monetary Amount	R	1/18	X	Sixth claim adjustment amount
			Segment Terminator		1		Hex ‘0A’

**Note:** At a minimum, the Claim Adjustment Category (CAS01) and at least one Claim Adjustment Code (CAS02) will be transmitted. No other fields will be sent in the CAS segment if there is no data.

**Note:** A second CAS segment will be mapped if there are more than six (6) EOB codes passed.

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
2100	030	NM1	Individual or Organizational Name		3	M	"NM1" – Patient Name "***"
			Data Element Separator		1		
		NM101	Entity Identifier Code	ID	2	M	"QC" – Patient Name "***"
			Data Element Separator		1		
		NM102	Entity Type Qualifier	ID	1	M	"1" – Person "***"
			Data Element Separator		1		
		NM103	Name Last or Organization Name	AN	1/35	M	Client Last Name ( <i>See Note below</i> ) "***"
			Data Element Separator		1		
		NM104	Name First	AN	1/35	M	Client First Name ( <i>See Note below</i> ) "***"
			Data Element Separator		1		
		NM105	Name Middle	AN	1/25	O	Client Middle Name "***"
			Data Element Separator		1		
		NM106	Data Element Separator		1		
		NM107	Name Suffix	AN	1/10	O	Client Name Suffix "***"
2100	030		Data Element Separator		1		
		NM108	Identification Code Qualifier	ID	½	O	"MR" – Medicaid Recipient Identification Number "***"
			Data Element Separator		1		
		NM109	Identification Code	AN	2/80	O	Client Medicaid ID Number Hex '0A'
			Segment Terminator		1		

**Note:** The full names of clients are not available from the AIM system. Only the first five characters of the last name and the first three characters of the first name will be available. If the client last name is not available, it will be passed at "NA".

**Note:** FOR TPL Claims: Information for up to three (3) Insurance Companies may be transmitted in N1 segments. If the insurance company name is not available, there will be no NM1 segments for the company. If both the company name and policy holder numbers are not available, neither NM1 segment will be mapped.

2100	030	NM1	Individual or Organizational Name		3	O	"NM1" – Service Provider Name "***"
			Data Element Separator		1		
		NM101	Entity Identifier Code	ID	2/3	M	"82" – Rendering Provider "***"
			Data Element Separator		1		
		NM102	Entity Type Qualifier	ID	1	M	"1" – Person "2" – Non-Person "***"
			Data Element Separator		1		
		NM103	Name Last or Organization Name	AN	1/35	O	Rendering Provider Last Name "***"
			Data Element Separator		1		
		NM104	Name First	AN	1/25	O	Rendering Provider First Name "***"
			Data Element Separator		1		
		NM105	Data Element Separator		1		
		NM106	Data Element Separator		1		
		NM107	Data Element Separator		1		
		NM108	Identification Code Qualifier	ID	½	M	"XX" – National Provider ID "MC" – Medicaid Provider Number "***"
2100	030		Data Element Separator		1		
		NM109	Identification Code	AN	2/80		Rendering Provider ID Hex '0A'
			Segment Terminator		1		

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
2100	030	NM1	Individual or Organizational Name	2100	030	O	“NM1” – Corrected Priority Payer Name “*”
		NM101	Data Element Separator			M	“PR” – Payer “*”
		NM102	Entity Identifier Code			M	“2” “*”
			Entity Type Qualifier				“*”
			Data Element Separator				“*”
		NM103	Data Element Separator				“*”
		NM104	Data Element Separator				“*”
		NM105	Data Element Separator				“*”
		NM106	Data Element Separator				“*”
		NM107	Data Element Separator				“*”
		NM108	Identification Code Qualifier			M	“PI” – Payer Identification “*”
		NM109	Data Element Separator				
			Identification Code			M	Payer Identification Number Hex ‘0A’
			Segment Terminator				
2100	040	REF	Reference Numbers		3	O	“REF” – Other Claim Related Identification (see note 1 below) “*”
		REF01	Data Element Separator	ID	1		
			Reference Number Qualifier		2/3	M	“EA” – Medical Record Identification Number “1L” – Group or Policy Number “1W” – Medical Record Identification Number “*”
		REF02	Data Element Separator	AN	1		
			Reference Number		1/30	M	Medical Record Identification Number when REF01 = “EA” Policy Holder Number when REF01 = “1L” Medicare Identification Number when REF01 = “1W” Hex ‘0A’
			Segment Terminator		1		
2100	040	REF	Reference Numbers		3	O	“REF” – Rendering Provider Information (see note 2 below) “*”
		REF01	Data Element Separator	ID	1		
			Reference Number Qualifier		2/3	M	“ID” – Medicaid Provider number “*”
		REF02	Data Element Separator	AN	1		
			Reference Number		1/30	M	Medicaid provider number Hex ‘0A’
			Segment Terminator		1		

**Note 1:** REF segment for Other Claim Related Identification can occur multiple times. The possible values for the Reference Number Qualifier are indicated in the table above. Each of these values may be formatted in a separate occurrence of this REF segment depending on the data that is available.

**Note 2:** REF segment for Rendering Provider Information exists, and is populated with Medicaid Provider number, only when the N108 value in Rendering Provider segment (where NM101 = “82” – Rendering Provider) is ‘XX’ and corresponding N109 value is equal to a National Provider ID, and when a Rendering provider number exists.

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
2100	050	DTM	Date/Time Reference		3	O	"DTM" – Claim Date
			Data Element Separator		1		"*"
		DTM01	Date/Time Qualifier	ID	3	M	"232" – From Date of Service
							"233" – To Date of Service
							"*"
		DTM02	Data Element Separator		1		
			Date	DT	8/8	M	From Date of Service where DTM01 = "232"
							To Date of Service where DTM01 = "233"
			Segment Terminator		1		Hex '0A'
2110	070	SVC	Service Information		3	O	"SVC" – Service Payment Information
			Data Element Separator		1		"*"
		SVC01-1	Product/Service ID Qualifier	ID	2	M	"AD" - American Dental Association Codes
							"CJ" - CPT Codes
							"HC" - HCFA HCPCS Codes
							"N4" - National Drug Code 5-4-2 Format
							">"
		SVC01-2	Data Element Separator		1		
			Product/Service ID	AN	1/48	M	Product/Service/Drug Code
			Data Element Separator		1		">"
		SVC01-3	Procedure Modifier	AN	2	O	Modifier-1
			Data Element Separator		1		">"
		SVC01-4	Procedure Modifier	AN	2	O	Modifier-2
			Data Element Separator		1		">"
		SVC01-5	Procedure Modifier	AN	2	O	Modifier-3
			Data Element Separator		1		"*"
		SVC01-6	Procedure Modifier	AN	2	M	Modifier-4
			Data Element Separator		1		"*"
		SVC02	Monetary Amount	R	1/15	M	Total Charges Billed
			Data Element Separator		1		"*"
		SVC03	Monetary Amount	R	1/15	M	Provider payment amount
			Data Element Separator		1		"*"
		SVC04	Product/Service ID	AN	1/30	O	Revenue Code
			Data Element Separator		1		"*"
		SVC05	Quantity	R	1/15	O	Paid Quantity
			Data Element Separator		1		"*"
		SVC06	Data Element Separator		1		"*"
		SVC06-1	Product/Service ID Qualifier	ID	2	M	Equal to the qualifier in SVC01-1
			Data Element Separator		1		"*"
		SVC06-2	Product/Service ID	AN	1/48	M	Passback Revenue Code
			Data Element Separator		1		
		SVC07	Quantity	R	1/15	O	Quantity Billed (if different from SVC05)
			Segment Terminator		1		Hex '0A'

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
2110	080	DTM	Date/Time Reference		3	O	"DTM" – Service Date
			Data Element Separator		1		"*"
		DTM01	Date/Time Qualifier	ID	3	M	"150" – Service Period Start
							"151" – Service Period End
							"472" – Service (for single day service)
							"*"
2110	080	DTM02	Data Element Separator		1		"*"
			Date	DT	8	X	Date (Format CCYYMMDD)
			Segment Terminator		1		Hex '0A'
2110	090	CAS	Claims Adjustment		3	O	"CAS" - Service Adjustment ( <i>see note below</i> )
			Data Element Separator		1		"*"
		CAS01	Claim Adjustment Group Code	ID	2	M	"OA" - Other Adjustment
							"DE" - Denied
							"CR" - Correction & Reversals
							"*"
		CAS02	Data Element Separator		1		"*"
			Claim Adjustment Reason Code	ID	1/5	M	Claim Adjustment Code 1
			Data Element Separator		1		"*"
		CAS03	Monetary Amount	R	1/18	M	Adjustment amount 1
			Data Element Separator		1		"*"
		CAS04	Data Element Separator		1		"*"
			Claim Adjustment Reason Code	ID	1/5	O	Claim Adjustment Code 2
			Data Element Separator		1		"*"
		CAS06	Monetary Amount	R	1/15	O	Adjustment amount 2
			Data Element Separator		1		"*"
		CAS07	Data Element Separator		1		"*"
			Claim Adjustment Reason Code	ID	1/5	O	Claim Adjustment Code 3
			Data Element Separator		1		"*"
		CAS09	Monetary Amount	R	1/15	O	Adjustment amount 3
			Data Element Separator		1		"*"
		CAS10	Data Element Separator		1		"*"
			Claim Adjustment Reason Code	ID	1/5	O	Claim Adjustment Code 4
			Data Element Separator		1		"*"
		CAS12	Monetary Amount	R	1/15	O	Adjustment amount 4
			Data Element Separator		1		"*"
		CAS13	Data Element Separator		1		"*"
			Claim Adjustment Reason Code	ID	1/5	O	Claim Adjustment Code 5
			Data Element Separator		1		"*"
		CAS15	Monetary Amount	R	1/15	O	Adjustment amount 5
			Data Element Separator		1		"*"
		CAS16	Data Element Separator		1		"*"
			Claim Adjustment Reason Code	ID	1/5	O	Claim Adjustment Code 6
			Data Element Separator		1		"*"
		CAS18	Monetary Amount	R	1/15	O	Adjustment amount 6
			Segment Terminator		1		Hex '0A'

**Note:** At a minimum, the Claim Detail CAS segment will contain the Claim Adjustment Group Code (CAS01), Claim Adjustment Code 1 (CAS02), and Adjustment Amount (CAS03). No other fields will be transmitted if there is no data.

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
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**Note:** A second CAS segment for the Claim Detail will be mapped if more than six (6) detail EOB codes are passed.

2110	100	REF	Reference Numbers		3	O	“REF” – Service Identification
			Data Element Separator		1		“*”
		REF01	Reference Number Qualifier	ID	2/3	M	“6R” – Provider Control Number
		REF02	Data Element Separator		1		“*”
			Reference Number	AN	1/30	M	Trace Service Line
			Segment Terminator		1		Hex ‘0A’
		REF (1)	Reference Numbers		3	O	“REF” – Rendering Provider Information
			Data Element Separator		1		“*”
2110	100	REF01 (1)	Reference Number Qualifier	ID	2/3	M	“HPI” – National Provider ID
			Data Element Separator		1		“ID” – Medicaid Provider Number
		REF02 (1)	Reference Number	AN	1/30	M	“*”
			Segment Terminator		1		Rendering or Attending National Provider ID if REF01 (1) = “HPI”
							Rendering or Attending Provider Number if REF01 (1) = “ID”
							Hex ‘0A’
		REF (2)	Reference Numbers		3	O	“REF” - Rendering Provider Information ( <i>see note below</i> )
			Data Element Separator		1		“*”
2110	100	REF01 (2)	Reference Number Qualifier	ID	2/3	M	“ID” – Medicaid Provider Number, If REF01 (1) = “HPI”
			Data Element Separator		1		“*”
		REF02 (2)	Reference Number	AN	1/30	M	Rendering or Attending Provider Number if REF01 (2) = “ID”
			Segment Terminator		1		Hex ‘0A’

**Note:** Second REF segment for Rendering or Attending Provider Information exists, and is populated with Medicaid Provider number, only when the REF01 value in the previous REF segment is ‘HPI’ and its corresponding REF02 value is equal to a National Provider ID, and when a Rendering or Attending Provider Number exists.

2110	110	AMT	Monetary Amount		3	O	“AMT” – Service Supplemental Amount
			Data Element Separator		1		“*”
		AMT01	Amount Qualifier Code	ID	1/3	M	“B6” - Allowed Actual
			Data Element Separator		1		“*”
		AMT02	Monetary Amount	R	1/18	M	Amount Allowed
			Segment Terminator		1		Hex ‘0A’

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
Summary	010	PLB	Transaction Set Trailer		3	O	"PLB" – Provider Adjustment
			Data Element Separator		1		""
		PLB01	Reference Number	AN	1/30	M	Provider Number
			Data Element Separator		1		""
		PLB02	Date	DT	8	M	Last Day of Current Year
			Data Element Separator		1		""
		PLB03-1	Adjustment Reason Code	ID	2	M	Reason Code 1
			Data Element Separator		1		""
		PLB03-2	Reference Identification	AN	1/30	O	Reference Number 1 – May be a Cash Control Number (CCN) or Internal Control Number (ICN).
			Data Element Separator		1		""
		PLB04	Monetary Amount	R	1/18	M	Adjustment Amount 1 - This field may also be "NEGATIVE PAYMENT" due to insufficient positive cash flow.
			Data Element Separator		1		""
		PLB05-1	Adjustment Reason Code	ID	2	M	Reason Code 2
			Data Element Separator		1		""
		PLB05-2	Reference Identification	AN	1/30	O	Reference Number 2 – See Reference Number 1
			Data Element Separator		1		""
		PLB06	Monetary Amount	R	1/18	O	Adjustment Amount 2 – See Adjustment Amount 1
			Data Element Separator		1		""
		PLB07-1	Adjustment Reason Code	ID	2	M	Reason Code 3
			Data Element Separator		1		""
		PLB07-2	Reference Identification	AN	1/30	O	Reference Number 3 – See Reference Number 1
			Data Element Separator		1		""
		PLB08	Monetary Amount	R	1/18	O	Adjustment Amount 3 – See Adjustment Amount 1
			Data Element Separator		1		""
		PLB09-1	Adjustment Reason Code	ID	2	M	Reason Code 4
			Data Element Separator		1		""
		PLB09-2	Reference Identification	AN	1/30	O	Reference Number 4 – See Reference Number 1
			Data Element Separator		1		""
		PLB10	Monetary Amount	R	1/18	O	Adjustment Amount 4 – See Adjustment Amount 1
			Data Element Separator		1		""
		PLB11-1	Adjustment Reason Code	ID	2	M	Reason Code 5
			Data Element Separator		1		""
		PLB11-2	Reference Identification	AN	1/30	O	Reference Number 5 – See Reference Number 1
			Data Element Separator		1		""
		PLB12	Monetary Amount	R	1/18	O	Adjustment Amount 5 – See Adjustment Amount 1
			Data Element Separator		1		""
		PLB13-1	Adjustment Reason Code	ID	2	M	Reason Code 6
			Data Element Separator		1		""
		PLB13-2	Reference Identification	AN	1/30	O	Reference Number 6 – See Reference Number 1
			Data Element Separator		1		""
		PLB14	Monetary Amount	R	1/18	O	Adjustment Amount 6 – See Adjustment Amount 1
			Segment Terminator		1		Hex '0A'

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value
Summary	020	SE	Transaction Set Trailer		2	M	“SE” – Transaction Set Trailer “*”
		SE01	Data Element Separator Number of Included Segments	N0	1 1/10	M	Total # of Segments included in a transaction set including ST and SE segments “*”
		SE02	Data Element Separator Transaction Set Control Number	AN	1 4/9	M	Originator Assigned Control Number <b>Note:</b> Sequential number assigned by the originator; SE and ST Control Numbers must be equivalent
			Segment Terminator		1		Hex ‘0A’
TRANS- ACTION DETAIL		GE	Functional Group Trailer		2	M	“GE” “*”
		GE01	Data Element Separator Number of Transaction Sets Included	N0	1 1/6	M	Number of ST segments “*”
		GE02	Data Element Separator Group Control Number	N0	1 1/9	M	Sender Assigned Control Number - <b>Note:</b> Sequential number assigned by the originator; GE and GS Control Numbers must be equivalent
			Segment Terminator		1		Hex ‘0A’
TRANS- ACTION DETAIL		IEA	Interchange Control Trailer		3	M	“IEA” “*”
		IEA01	Data Element Separator Number of Included Functional Groups	N0	1 1/5	M	Number of GS segments “*”
		IEA02	Data Element Separator Interchange Control Number	N0	1 9	M	Sender Assigned Control Number - <b>Note:</b> Sequential number assigned by the originator; ISA and IEA Control Numbers must be equivalent
			Segment Terminator		1		Hex ‘0A’

## Modification Log

Field/Data Element	Record/Segment Field Occurs	Modification Description	Modification Date	Initials
All	All	Created initial vendor specs for NPI project – FN0027BC.	07/29/2007	AT & PAA
		Removed “DRAFT” watermark and reposted	08/23/2007	CEM
Loop 2100, Position 20	CLP02	Updated valid values. Was “1”=Paid, “2”=Denied, “22”=Reversal. Correct values are “1” Paid primary, “2” Paid secondary, “3” Paid tertiary, “4” Denied, “22” Reversal.	10/03/2007	PAA